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TITLE: Mandatory HIV Testing of Infants and Rates of Follow-Up

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OBJECTIVE: In 1996, New York State passed legislation that would "unblind " previously anonymous results of newborn heelstick serosurveys used to track rates of HIV infection among childbearing women and infants. Concerns arose that women who do not wish to learn their serostatus might be deterred seeking infant care in settings where test results are given. This study assessed whether New York 's policy resulted in decreases in rates of follow-up care for infants at the site of delivery.

METHODS: Seven hundred eighty-six women (390 pre-and 396 post-mandatory HIV testing) were systematically sampled and interviewed in postpartum wards in Brooklyn, N. Y. Interviews were matched with clinic records documenting attendance at the first scheduled newborn visit.

RESULTS: Overall, 78.5% of women had engaged in voluntary HIV testing during their pregnancy. Women were more likely to report voluntary testing in the era after heelstick unblinding (73.9% v 82.7%, $p < .05$). After adjusting for age, race/ethnicity, lifetime prevalence of HIV testing prior to pregnancy, prenatal care, and whether U. S. born, women were more likely to have voluntarily tested in the post-legislation era, OR =1.8, 95% CI =1.3 -2.7. Clinic records confirmed that 84.2% of women brought their infant in for a newborn visit within three months of delivery. There were no statistically significant differences between rates of return prior to versus after mandatory testing (82.6% v 85.8%, $E = .24$). Of those 159 women who did not test voluntarily, 75.8% presented for the first scheduled newborn visit. Of these, there were again no statistical differences between those who kept appointments in the pre-and post-mandatory time periods (77.4% v 73.4%, $p = .57$) after adjusting for the above covariates ($X^2 [7] = 9.7$, $p = .21$).

CONCLUSIONS: This study found higher voluntary prenatal testing rates but no changes in initial newborn care after implementation of mandatory newborn HIV testing. While the ethics of mandatory testing in postpartum period remains an important topic for legislators considering following New York 's lead, we found no evidence that concerns about health care seeking behaviors should be central to that discourse.

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